

CARROLL COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
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Health Officer, Carroll County

Elizabeth M. Ruff, M.D.
Deputy Health Officer

Vendor Form

Applicant's Name: _____

Applicant's Home Phone Number _____ - _____ - _____

Do you have a Food Service Facility License in the State of Maryland? ____ Yes ____ No

Name of Event: _____

Date(s) of Event: _____

Location of Event: _____

Sponsoring Organization: _____

I do hereby make application to operate a stall or stand under the temporary Food Service Facility License issued to the above-noted sponsoring organization. In making this application, I agree to comply with all pertinent Health Department regulations.

The foods and equipment I intend to use are as follows:

Foods

Equipment

Handwashing facility with soap and disposable towels

3-pan dishwashing set-up with soap and water, rinse water, and sanitizer water (Separate from handwashing station)

Food Thermometer(s)

Vendor's Signature _____ Date _____